

Permit #: 20171

Date Issued: 2-7-96

County: Bates

Date Cancelled: \_\_\_\_\_

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: 2-2-96

COMMENTS:

OCC FORMS	Date Received
1	
2	
3	2-7-96
3i	
4	
4i	
5	
6	
7	3-1-96
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		

Additional Submitted Data:

## Missouri Oil and Gas Council

Form OGC-3

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐for an oil well ☐or gas well ☐

Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR

Town Oil Co.

DATE 2-7-96

16205 W. 287 St.

Paola

Kansas 66071

Address

City

State

## DESCRIPTION OF WELL AND LEASE

Name of lease Swickhamer		Well number 12	Elevation (ground) 855
WELL LOCATION (give footage from section lines) 2050 ft. from (N) <del>XX</del> sec. line 470 ft. from <del>XX</del> (W) sec. line			
WELL LOCATION Section 36 Township 39N Range 33W		County Bates	
Nearest distance from proposed location to property or lease line: N/A feet		Distance from proposed location to nearest drilling, completed or applied for well on the same lease: N/A feet	
Proposed depth: 75	Drilling contractor, name & address Town Oil Co.	Rotary or Cable Tools Rotary	Approx. date work will start 2-7-96
Number of acres in lease 120		Number of wells on lease, including this well, completed in or drilling to this reservoir: 0 Number of abandoned wells on lease: 0	
If lease, purchased with one or more wells drilled, from whom purchased: Name N/A Address		No. of Wells: producing 0 injection 0 inactive 0 abandoned 0	
Status of Bond 0 1 11111 1		ON FILE ATTACHED	
Remarks: If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone; use back of form if needed. N/A			
Proposed casing program: N/A amt. size wt./ft. cem.		Approved casing -- To be filled in by State Geologist N/A amt. size wt./ft. cem.	
I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge. Signature <u>Lesty Town</u>			

Permit Number: 20171

Approval Date: 2/7/96

Approved By: Jane Holly Williams☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not required

Note: This Permit is transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council  
P.O. Box 260 Rolla, Mo. 65401

One will be returned for driller's signature

WATER SAMPLES REQUIRED @



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
PLUGGING RECORD

FORM OGC-1

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071	
NAME OF LEASE Swickhamer		WELL NUMBER 12	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20171
LOCATION OF WELL 2050' FNL 470' FWL		SEC. TWP. RING OR BLOCK & SURVEY 36-39N-33W	COUNTY Bates
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBL/DAY) N/A GAS (MCF/DAY)
DATE ABANDONED 2-7-96	TOTAL DEPTH 14'	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY) N/A GAS (MCF/DAY)	WATER (BBL/DAY)
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation	Depth interval of each formation
			Size, kind, & depth of plugs used, giving amount cement. 1 sack cement
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)
GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)			
PACKERS AND SHOES			
RECEIVED			
MAR 01 1996			
MO Oil & Gas Council			
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER	
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE			
NAME		ADDRESS	
DIRECTION FROM THIS WELL			
N/A			
METHOD OF DISPOSAL OF MUD PIT CONTENTS N/A			
NOTE FILE THIS FORM IN DUPLICATE WITH (USE REVERSE SIDE FOR ADDITIONAL DETAIL)			
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.			
SIGNATURE Lester Town		DATE 1-19-96	



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\* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Attach drillers log or other acceptable log of well if available.  
This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.